

LOVELAND (B. C.)

FOOD *VERSUS* MEDICINE
AS A BLOOD-MAKER.

BY

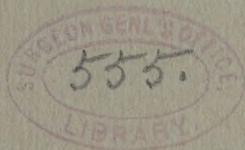
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Physician at the Clifton Springs Sanitarium.

REPRINTED FROM THE

New York Medical Journal

for February 15, 1896.



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FOOD *VERSUS* MEDICINE AS A BLOOD-MAKER.

BY BRADFORD C. LOVELAND, M. D.,
PHYSICIAN AT THE CLIFTON SPRINGS SANITARIUM.

AN article in the *New York Medical Journal* of November 23, 1895, on The Gold Preparations as Alteratives, by Dr. Stucky, and one in the issue of December 7th of the same journal by Dr. S. Wolfe, entitled Ferratin; its Value as a Reconstructive, have prompted some thoughts I would like to record under the title at the head of this article. I wish it understood at the outset that the object of this article is not to criticise Dr. Stucky or Dr. Wolfe or the remedies which formed the subjects of their article referred to above; but, by reporting a few cases of anæmia and chlorosis treated without any of the so-called blood remedies and the lessons those cases will teach, to show what I believe to be the case, that food is the only blood-builder; that the use of *iron*, or *arsenic*, or *gold* can only help in building better blood if they help the assimilation of food. I have read on good authority that the daily ingestion of iron and other mineral ingredients of the blood is

greater than the daily excretion of the same substances from the waste of tissue, and that all the remedies that will be needed in cases of the kind, besides the proper regulating of the food, drink, and exercise of the patient, are such things as will correct the evils of digestion which may exist. I can not say that arsenauero will not do all that is alleged for it, as I have not used it much, but I wish to report a few cases of anæmic patients whose recovery has been all that could be desired with no medicines of the class called alteratives or blood-builders :

CASE I.—Miss C. M., aged twenty years, came under my care December 6, 1892. Blood examination on that date showed hæmoglobin forty per cent.; red corpuscles, 1,700,000 to the cubic millimetre; color sallow, pale; great weakness and shortness of breath; pulse rapid and feeble; unable to stand but a few moments, and could not walk twenty feet without great dyspnœa; stomach extremely sensitive, bowels constipated; no appetite; had not menstruated in two years. The patient had consumptive parents and had some cough. She said she had taken lots of iron, but I was not satisfied without giving it a trial, and Bland's pills were given and rejected by the stomach. Then I began to pay all my attention to her digestion, and hoped that with proper food her blood would improve. No medicine was given except *nux vomica* and an elixir of *hydrastis* and *avena sativa*. A diet of meat, milk, eggs, gluten mush, Graham bread, and green vegetables was ordered. Milk to be taken between meals and at bedtime besides her regular meals. The patient was given graduated exercise in her room and afterward in the open air, and the necessity of deep breathing was impressed upon her. On December 29, 1892, blood showed hæmoglobin sixty per cent., red corpuscles 3,120,000, and her improvement in every way corresponded. January 25, 1893, showed an added improvement of twenty per cent. in the blood as well as her general condition, and on February 16th she was allowed to return home, her blood being normal—hæmoglobin ninety-

eight per cent., red corpuscles 5,080,000. She had not menstruated yet, but felt well, was free from symptoms of weakness and anæmia, and could walk five or six miles a day.

CASE II.—W. R. B. came to me on August 16, 1895, with the statement that he had been given up to die by the best consulting physician at one of our large city hospitals, where he had been under treatment for several months. The diagnosis there was cancer of the stomach and pernicious anæmia. Physical examination showed some tumefaction at the pyloric end of the stomach, considerable emaciation, tongue red and dry. He had an appetite, but all he ate passed through him, so he said, and he had from two to eight copious and very exhausting movements of the bowels daily. Lower extremities numb up to the knees, and upper extremities numb to the elbows. Painful consciousness of heart beats and great dyspnœa. Blood examination: Hæmoglobin, forty-five per cent.; hæmatokrit showed red corpuscles to be twenty-three per cent. of volume of blood, and they counted 2,240,000 to the cubic millimetre. My diagnosis was catarrhal gastritis and enteritis. I prescribed a powder containing five grains each of salol, bismuth subgallate, and bismuth subcarbonate after each meal. Removed all opiates which he had been taking and began feeding him every two hours the whites of two fresh eggs, raw; had tried whole raw eggs with no success. Later I added the yolks boiled hard, and, as he could bear it, meat chopped fine and gluten bread. Improvement was steady until November 21st, when he reached his average weight when in health. Tumefaction has disappeared from the stomach, blood is normal; hæmoglobin, one hundred per cent.; volume of red corpuscles, forty-eight per cent. of blood, and they counted 4,960,000. He can walk a mile or more and eat a good variety of food.

CASE III.—July 1, 1895, Mrs. H., aged twenty-seven years, suffering from an acute exacerbation of salpingitis. She had fever, nausea, extreme weakness, and pallor; had suffered for months with catarrhal salpingitis. She was so feeble that a surgeon whom I sent for considered the case unfavorable

for operation. Hot douches and injections were used six times a day and she began to improve.

Blood examined on August 7th: Hæmoglobin, fifty-five per cent.; volume of red corpuscles, twenty-one per cent.; count, 3,720,000. Improvement continued, and on September 23d hæmoglobin was one hundred per cent., red corpuscles 5,380,000. Patient returned home free from pain and feeling quite well. No medicine was given from the beginning to the end of this case, except some aconite the first few days when she had fever above 103° F.

I could report more of the same class of cases, but it is not necessary, as I think these are sufficiently characteristic. I have used ferratin carefully and thoroughly in three cases. In the first two I did not examine the blood, the patients being chronic dyspeptics, whose clinical aspects indicated poor nourishment. Other preparations of iron had been used, but were found to disturb the stomach and were discontinued. Ferratin proved less disturbing to the stomach and bowels than the older preparations, but no marked effect was produced in either case. I will report three cases of chlorosis in which I made careful blood examination, and treated one with ferratin, the two others with no medicine whatever.

CASE I.—Miss H. consulted me on August 27, 1895. She was a public-school teacher, thirty-six years old, rather fleshy and pale; menstruation irregular; general weakness, loss of appetite, fissures or cracks at the corners of her mouth, and she was hardly able to keep up her work. Blood examination showed hæmoglobin sixty-five per cent.; red corpuscles, volume twenty-eight per cent. of blood; red corpuscle count, 4,620,000. I ordered ferratin, which she took three times a day until December 6th; also ordered diet of red meats, eggs, milk, and Graham bread, with green vegetables.

December 6th.—Patient said she had followed diet pretty well, but did not like red meat; had taken meat, however, twice a day and a good deal of milk. Had kept up her school duties, menstruated twice in the four months under treatment; said she had a better condition of stomach, and the ferratin did not disturb her in any way. Blood examination: Hæmoglobin, sixty-five per cent.; volume of corpuscles, thirty per cent. of blood; count of red corpuscles, 5,020,000.

CASE II.—Miss P., school teacher, thirty-six years old, pale, fleshy, and weak; pain in head and back of neck on any exertion; tongue clear, but pale; feels stupid and sleepy. Blood examination August 7, 1895: Hæmoglobin, fifty-five per cent.; volume of red corpuscles, twenty-five per cent. of blood; count, 4,560,000. The diet prescribed was largely of red meat, fresh eggs raw, and milk. Blood on September 4th showed hæmoglobin, sixty per cent.; volume, twenty-eight per cent.; count, 4,000,000. Felt better and went back to her school. Returned December 26th. Had kept up her diet, except that eggs were scarce and she had to rely on meat and milk. She had continued her work until the holiday vacation, at which time she visited me. Blood showed hæmoglobin, seventy per cent.; volume, thirty-five per cent.; count of red corpuscles, 4,580,000, and she feels much better than in the summer.

CASE III.—Mrs. S., November 22, 1895. Blood examination showed hæmoglobin, thirty-five per cent.; volume, eighteen per cent.; count of red corpuscles, 3,980,000, small and irregular. She had great weakness and dyspnœa, and had suffered from chronic catarrh and ulceration of the bowels. The diet prescribed was six to eight raw eggs and two quarts of milk daily, besides a little lean beef.

December 22d.—Hæmoglobin, fifty per cent.; volume of red corpuscles, twenty-five per cent.; count, 3,600,000. Is still on the same diet and shows continued improvement. Had taken iron before coming under my care. The only medicines I have given her are salol and bismuth subgallate for a short time while her bowels were too loose.

I have had other patients improve in like proportion when the diet was suited to the needs of the body, and the exercise and environment properly looked after. I wish to repeat that I do not write this as a criticism either on the gentlemen who wrote the articles referred to above or the remedies that formed the subjects of their articles, but, as I have had opportunities of studying the effects of diet with and without medicine in a number of chronic cases of malnutrition, my results may be interesting and perhaps valuable when placed beside the reports in the articles referred to. As the result of my experience, I regard anæmia (except from hæmorrhage) and chlorosis as errors of nutrition, and often resulting in anæmia from improper digestion and absorption, with the presence of more or less fermentation. In chlorosis there may be a nervous element added to the causes. When any medicine—alterative, reconstructive, or any other—does do good, it does it, *not* by being absorbed and becoming a component part of the blood, but by checking fermentation, stimulating digestion or absorption, or stimulating the nervous system. In such case it would in a measure reach the cause of the condition. Hence, if, influenced by some advertisement or report of some very successful case, we expect this or that one remedy is going to give us like success right along in our cases of anæmia and chlorosis, we are doomed to disappointment. We must study our patient, not alone his disease, but find out how he lives, eats, drinks, sleeps, and exercises; study the various physiological functions, especially the digestion, absorption, and excretion. Then, if happily we find where the trouble lies, what the body requires in the way of food, and, if needed, what assistance we may render by medicine toward the assimilation of the needed nutriment, we have a comparatively plain, though not always an easy, road to cure. For it is much easier to

prescribe a medicine which has done well for some one else than to go through all the details I have referred to. It should be remembered that all the cases reported here were chronic in character and the patients had been under continuous treatment with various remedies for months before I saw them.

CLIFTON SPRINGS, N. Y., *January 15, 1896.*

The New York Medical Journal.

A WEEKLY REVIEW OF MEDICINE.

EDITED BY

FRANK P. FOSTER, M.D.

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PUBLISHED BY

D. APPLETON & CO., 72 Fifth Avenue, New York.

